| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 005051 | A. BUILDING: _____ B. WING _____ | 03/26/2014 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| INDIANA UNIVERSITY HEALTH | 1701 N SENATE BLVD INDIANAPOLIS, IN 46202 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| S 000 | INITIAL COMMENTS<br><br>This visit was for 2 State hospital complaint investigations.<br><br>Complaint:<br>#IN00119561: Substantiated; no deficiencies related to the allegations are cited.<br>#IN00118198: Unsubstantiated; lack of sufficient evidence<br><br>Survey Date: 3/26/14<br><br>Facility #: 005051<br><br>Surveyor: Linda Dubak, R.N.<br>Public Health Nurse Surveyor<br><br>Indiana University Health is in compliance with 410 IAC 15-1.5-5, Medical staff, 410 IAC 15-1.5-6, Nursing services, 410 IAC 15-1.5-7, Pharmaceutical services and 410 IAC 15-1.5-10, Utilization review and discharge planning services, Hospital Licensure Rules.<br><br>QA: claughlin 04/02/14 | S 000 | | |